UNITED STATES SECURITIES AND EXCHANGE COMMISSION Processin Washington, D.C. 20549 SEC Management

Section

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May 31, 2005 Estimated average burden

FORM D MAR 03 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATIONS Dington, DC **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
1	1						

Name of Officians (check if this is an arrandorat and some has shaped and indicate shapes)	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Fairfield Financial Services, Inc.	
	TI ULOE PROCESSED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	O OF PHOOFSOED
Type of Filing: New Filing Amendment	MAR 1 1 2008 //
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	FINANCIAL
Fairfield Financial Services, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1522 NW 24th Ave., Portland, OR 97210	503-348-7011
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Bricf Description of Business Mortgage broker who brokers private investor loans see	ured by real property
Type of Business Organization	
	lease specify):
business trust limited partnership, to be formed	. 1940
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 6 9 8 7 Actual	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	BR UBULIOUS

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATIO	N DATA
2. Enter the information requested for the following:	
Each promoter of the issuer, if the issuer has been organized within the past fit	ve years;
Each beneficial owner having the power to vote or dispose, or direct the vote or dispose.	lisposition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate gener	ral and managing partners of partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Grover W. Sparkman, Jr.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3327 SE 50th, Portland, OR 97206	
	ve Officer
Full Name (Last name first, if individual)	
M. Louise Sparkman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3327 SE 50th, Portland, OR 97206	
Check Box(es) that Apply: Promoter Peneficial Owner Executive	ve Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
S. Clay Sparkman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1522 NW 24th Ave., Portland, OR 97210	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	ve Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	ve Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	<u>. </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	ve Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

				B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
`1. Has	the iccuer c	ald or does	he iccuer i	ntend to se	ll to non-s	acredited	nvectore in	this offer	ina?		Yes	No
1. 1143	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø		
2. Wh	at is the min	imum invești			• •		_			4	\$	
								Yes	No			
	Does the offering permit joint ownership of a single unit?							Z				
con lf a or s	nmission or s person to be tates, list the	nation reques imilar remund listed is an as name of the er, you may	eration for a sociated po broker or de	solicitation erson or age caler. If me	of purchase ent of a brok ore than five	ers in conn ker or deald e (5) perso	ection with or registered ns to be list	sales of sed with the S ed are asso	curities in t SEC and/or	he offering. with a state		
	•	ne first, if inc nancial Ser	-	nc.				•		•		
		ce Address (1			ity, State, 2	Lip Code)						
		Ave., Port		97210				<u>.</u>				<u> </u>
Name of	f Associated	Broker or De	ealer									
States in	Which Pers	on Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Ch	eck "All Sta	tes" or check	individua	l States)	•••••		•••••		***************************************	•••••	☐ A1	l States
Al	. AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M RI		NV SD	NH [TN]	NJ [TX]	NM UT	NY [VT]	NC VA	ND WA	OH WV	OK WI	QR WY	PA PR
	<u> </u>	[317]	[118]		[01]	<u> </u>	(VA)	WA	(W V	WI	<u>W</u>	
Full Na	me (Last nan	ne first, if inc	lividual)						,			
Busines	s or Resider	ice Address (Number an	nd Street, C	City, State,	Zip Code)					•	
						<u> </u>						
Name of	f Associated	Broker or Do	eater									
States in	Which Pers	on Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Ch	eck "All Sta	tes" or check	individua	l States)	•••••		•••••				□ Al	1 States
Al	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	ID
11.	- —	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M Ri	- =	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK Wi	OR WY	PA PR
								<u> </u>				
ruii Nai	ne (Last nan	ne first, if ind	iividuai)									
Busines	s or Resider	ice Address (Number an	d Street, C	City, State,	Zip Code)					• •	
Name of	f Associated	Broker or De	ealer									
				· · · · · · · · · · · · · · · · · · ·	<u> </u>			=				
		on Listed Ha										
(Cr	ieck "All Sta	tes" or check	individua.	States)	•••••					••••••	∐ AI	l States
	_	AZ	AR	CA	CO	CT FAE	DE	DC	FL	GA)	HI	
[<u>]]]</u> [M]		NV	KS NII	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
R		SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

s ti	Enter the aggregate offering price of securities included in this offering and the total amount already told. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check his box and indicate in the columns below the amounts of the securities offered for exchange and thready exchanged.	ζ	
	Type of Security	Aggregate Offering Price	Amount Already e Sold
	Debt	\$ 136,500	\$_136,500
	Equity	\$	
	☐ Common ☐ Preferred	•	<u> </u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>5 130, 300</u>	<u> 3 136,500</u>
o tl	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	<u>\$</u> 136,500
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	_	\$ 136,500
	Answer also in Appendix, Column 4, if filing under ULOE,		
S	f this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the irst sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	:	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-	
	Regulation A		
	Rulc 504 Note Pa		
	Total		
s T	Eurnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the insurer the information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	:	_ s
	Transfer Agent's Fees		_ \$ <u></u> 0
	Printing and Engraving Costs	***************************************	
	Legal Fees		□ \$ <u>·</u>
	Accounting Fees		□ \$ <u>0</u>
	Engineering Fees		☐ \$ °
	Sales Commissions (specify finders' fees separately)	'	Amount not paid or
	Other Expenses (identify) Doc Prep Fee, Collection Acct Setup Fee, Inspection F	'	Amount not paid ou
	Total		□ \$ °

C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
and total expenses furnished in response to Part C -	Question 4.a. This difference is the "adjusted gross		\$ 136,500
each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	[\$	
Purchase of real estate	[\$	<u> </u>
		\$	□ \$
offering that may be used in exchange for the asse	ets or securities of another	_ ¬\$	
	-		_
	•		
			
			paid out of loan amou
		\$	 \$
Column Totals	[\$	s
Total Payments Listed (column totals added)		<u>\$0</u>	
	D. FEDERAL SIGNATURE		
nature constitutes an undertaking by the issuer to fur	nish to the U.S. Securities and Exchange Commis	sion, upon writte	le 505, the following n request of its staff,
uer (Print or Type)	Signature	Date	
• • •	20	7.25.	o F
me of Signer (Print or Type)	Title of Signer (Print or Type)		4
. Clay Sparkman	Vice President		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Salaries and fees Purchase of real estate Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) [Repayment of indebtedness Working capital Other (specify): [Column Totals D. FEDERAL SIGNATURE Essuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Fuer (Print or Type) airfield Financial Services, Inc. Title of Signer (Print or Type)	and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers, Directors, & Affiliates Salaries and fees — \$ Payments to Officers, Directors, & Affiliates Salaries and fees — \$ Purchase of real estate — \$ \$ Purchase, rental or leasing and installation of machinery and equipment — \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
۱.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No [Z]
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Fairfield Financial Services, Inc.	4.1	2.26.06
Name (Print or Type)	Title (Print or Type)	
S. Clay Sparkman	Vice President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount ALΑK AZAR CA CO CT DE DC FL $\mathsf{G}\mathsf{A}$ н ID IL IN lA KS KY LA ME MD MAΜI MNMS

APPENDIX 2 3 4 ١ Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Investors Yes No No Investors **Amount** State Yes Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR 136,500 2 136,500 0 PARΙ SC SD TN TX UT VT VA $\mathbf{W}\mathbf{A}$ W٧ WI

•	1		2	3		5 Disqualification				
		to non-a	to sell secredited is in State s-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and explar amount purchased in State (Part C-Item 2) (Part E			amount purchased in State		
Si	tate	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
V	VY					,				
I	PR	·								

